

PHYSICAL EXAMINATION—is required of all students entering grades K or 1, and 9 for secondary students or when a child enter formal schooling for the 1st time. *(To be completed by the family physician)*

Childs name _____

Height: _____ Weight: _____

Blood Pressure: _____

| | Normal | Abnormal | Not Examine | Explain Abnormalities |
|--------------------------|--------|----------|-------------|-----------------------|
| Eyes, Vision, Glasses | | | | |
| Ears, Hearing | | | | |
| Nose and Throat | | | | |
| Mouth, Teeth, Speech | | | | |
| Glands | | | | |
| Chest, Lungs | | | | |
| Cardiovascular, Heart | | | | |
| Abdomen, enlargement | | | | |
| Abdomen, tenderness | | | | |
| Abdomen, hernia | | | | |
| Spine, Back | | | | |
| Scoliosis | | | | |
| Posture | | | | |
| Extremities | | | | |
| Genitourinary | | | | |
| Nervous System, Reflexes | | | | |

Nutritional Status and General Appearance of the Child / Youth: _____

This student may participate in normal physical education program which includes such activities as running, jumping and tumbling. Yes __, No __. If No, please explain: _____

Physician's Printed Name

Physician's Signature

Date

Address – (Street, City, State & Zip)